



FINANCIAL HEALTH FCU

2017 Credit Builder Loan Application & Renewal Form

NAME	ACCOUNT NUMBER	
PRESENT ADDRESS (NUMBER -STREET)	DATE OF BIRTH	
(CITY - STATE- ZIP)	SOCIAL SECURITY NUMBER	
	HOME / CELL PHONE	
EMAIL ADDRESS	WORK PHONE	
Rent or Mortgage Payment: \$	Car Payment: \$	
EMPLOYER	HIRE DATE (MM/DD/YY)	CHECK PAY FREQUENCY <input type="checkbox"/> BW <input type="checkbox"/> SM <input type="checkbox"/> WK <input type="checkbox"/> MO
HAVE YOU EVER FILED BANKRUPTCY?	IF YES, WHEN? (MM/DD/YY)	
APPLICATIONS WILL BE ACCEPTED FROM MAY 1st - JUNE 15th		

CHECK ONLY ONE

<input type="checkbox"/>	I HAVE A CREDIT BUILDER LOAN AND WOULD LIKE TO RENEW IT AT THE SAME AMOUNT. * FASTEST OPTION. IF APPROVED, MONEY IS IN YOUR ACCOUNT WITHIN 3 BUSINESS DAYS
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<input type="checkbox"/>	I HAVE A CREDIT BUILDER LOAN, BUT WOULD LIKE TO APPLY FOR A DIFFERENT AMOUNT. * ALLOW 10 BUSINESS DAYS FOR PROCESSING & INCLUDE PAY STUB If you are not approved for a larger amount, see reverse for amounts that will apply. (SEE REVERSE SIDE FOR APPROVAL LIMITS)	Amount Requested: <input type="text"/>
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<input type="checkbox"/>	I DO NOT HAVE A CREDIT BUILDER LOAN BUT WOULD LIKE TO APPLY * ALLOW 10 BUSINESS DAYS FOR PROCESSING & INCLUDE A PAY STUB. * MUST BE A MEMBER OF THE CREDIT UNION FOR AT LEAST THIRTY DAYS. * MUST ALREADY HAVE MINIMUM DIRECT DEPOSIT OF \$62 BIWEEKLY TO FHFCU. * MUST HAVE BEEN ON YOUR JOB FOR AT LEAST SIX MONTHS. * MUST HAVE A DEBT-TO-INCOME RATIO NO GREATER THAN 75%. <u>IF THIS IS YOUR FIRST FHFCU LOAN AND YOUR CREDIT SCORE IS BELOW 601, THE APPROVED LOAN AMOUNT WILL BE DISBURSED IN TWO INCREMENTS</u>
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I swear or affirm, under the penalties of perjury, that all information contained on this application is true and accurate.
I further swear or affirm that the statement of debts and obligations contained in this application is true and accurate. This application is presented to induce the credit union to extend credit to me on my behalf. I am currently employed and affirm that my employment status is not likely to change. I authorize you to check my credit and employment history from time to time as you deem necessary and to answer questions from others about your credit experience with me. I understand that any bankruptcy activity within twelve months, or if my credit score is below 601 and I have been employed for less than six months, my loan request may be denied. I also understand that if my credit score is below 601 and this is my first loan with Financial Health FCU, I may be limited to a maximum of \$500 approved disbursed in two increments. You can always apply for any type of loan that Financial Health Federal Credit Union offers.

FHealthFCU.org Fax 317-947-0577

SIGNATURE	DATE
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